

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) End Citizens United		FEC IDENTIFICATION NUMBER ▼ C C00573261	
Check if <input type="checkbox"/> 24-hour report	<input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on MM / DD / YYYY

Full Name of Payee Mission Control		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>	
Mailing Address 624 Hebron Ave Bldg 3 Suite 200		Amount <div> <div></div> <div>10800.00</div> </div>	
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VSGDK9TD2W0 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 14 / 2016</div> </div>
Purpose of Expenditure Postage	Category/ Type		
Name of Federal Candidate HECK, JOE, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>23209.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mission Control		Date of Public Distribution/Dissemination <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 17 / 2016</div> </div>	
Mailing Address 624 Hebron Ave <div>Bldg 3 Suite 200</div>		Amount <div> <div></div> <div>12409.00</div> </div>	
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VSGDK9TD2Y6 Date of Disbursement or Obligation <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 14 / 2016</div> </div>
Purpose of Expenditure Printing		Category/ Type <div></div>	
Name of Federal Candidate HECK, JOE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>23209.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	23209.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Foucart, Brian, , ,

[Electronically Filed]

Date _____

Signature